



12-05-03

2877

PTO/SB/17 (10-02)

Approved for use through 10/31/2002. OMB 0651-0032

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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** 172.00

Complete if Known	
Application Number	09/578,962-Conf. #7076
Filing Date	May 25, 2000
First Named Inventor	Takashi Iwasaki
Examiner Name	G. Stock
Group Art Unit	2877
Attorney Docket No.	06920/000H207-US0

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account

Deposit Account Number

Deposit Account Name

The Commissioner is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	400	2252	200
1253	920	2253	460
1254	1,440	2254	720
1255	1,960	2255	980
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1,510	Petition to institute a public use proceeding
1452	110	2452	55
1453	1,280	2453	640
1501	1,280	2501	640
1502	460	2502	230
1503	620	2503	310
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	740	2809	370
1810	740	2810	370
1801	740	2801	370
1802	900	1802	900
Other fee (specify)			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	15	-20** = <input type="text"/> x <input type="text"/> =	0.00
Independent Claims	5	-3** = <input type="text"/> x <input type="text"/> 86.00 =	172.00
Multiple Dependent			

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 172.00

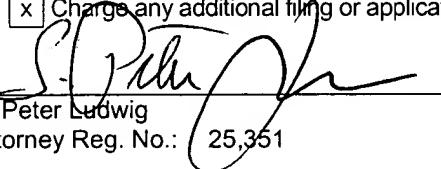
** or number previously paid, if greater; For Reissues, see above

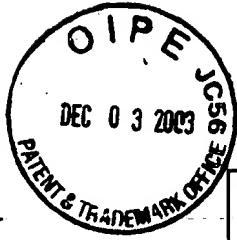
Complete (if applicable)

Name (Print/Type)	S. Peter Ludwig	Registration No. (Attorney/Agent)	25,351	Telephone	(212) 527-7770
Signature				Date	December 3, 2003



DEC 03 2003

AMENDMENT TRANSMITTAL LETTER				Docket No. 06920/000H207-US0	
Application No. 09/578,962-Conf. #7076	Filing Date May 25, 2000	Examiner G. Stock	Art Unit 2877	RECEIVED DEC 15 2003 USPTO MAIL ROOM	
Applicant(s): Takashi Iwasaki, et al.					
Invention: MONOCHROMATOR AND OPTICAL SPECTRUM ANALYZER					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	15	- 20 =		x	0.00
Independent Claims	5	- 3 =	2	x 86.00	172.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					172.00
<input checked="" type="checkbox"/> Large Entity			<input type="checkbox"/> Small Entity		
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____ A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> A check in the amount of \$ 172.00 to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Dated: December 3, 2003					
 S. Peter Ludwig Attorney Reg. No.: 25,351					
DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7770					
<input type="checkbox"/> Express Mail Label No. _____ Dated: _____					



Application No. (if known): 09/578,962

Attorney Docket No.: 06920/000H207-US0

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. *BL 982102710 US* in an envelope addressed to:

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P.O. Box 1450
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on December 3, 2003
Date

D. Davis

Signature
D. Davis

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Response to Office Action of 9/3/03 (10 pages)

Amendment Transmittal Letter (1 page)

Fee Transmittal (1 page) (2 extra ind. claims)

Check in the amount of \$172

CHECK # 3455

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DEC 15 2003
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